

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner

708 SW Jackson Topeka, Kansas 66603-3714

Phone 785/296-2326 FAX 785/296-1765

www.accesskansas.org/kaahd

**WE ACCEPT
DISCOVER CARD
Call for Information**

APPLICATION FOR KANSAS DISPOSAL PLANT OPERATOR SUBSTATION OR PLACE OF TRANSFER/ DISPOSAL PLANT MOTOR VEHICLE PERMIT

Requirements for licensure and penalties are found in K.S.A. Chapter 47, Article 12 as amended and supplemented. This license is for **Fiscal Year 2005** (July 1, 2004 through June 30, 2005) and must be accompanied by a \$525 fee for Disposal Plant Operator License; \$150 fee for Substation or Place of Transfer License; and \$75 fee for each Disposal Plant Motor Vehicle Permit.

Owner(s) Name _____ Phone _____

Mailing address _____ City _____ County _____ State _____ Zip _____

Plant Name _____

Plant Address _____

e-mail address: _____ fax number: _____ cell phone _____

Social Security Number: _____ (Voluntary)

Method of disposal of carcasses and packing house refuse (Attach form).

Number and kind of vehicles used in operation (Attached form).

Manager: _____

Operating as: Individual ____ Partnership ____ Corporation ____ Company ____ Firm ____ Agent ____

Name of partners: _____

OFFICE USE ONLY

Posted _____ Initials _____ Amt. Pd. _____ Check # _____ Invoice # _____

Please include all information requested on all pages. Use additional sheets if necessary.

**APPLICATION FOR KANSAS DISPOSAL PLANT OPERATOR
SUBSTATION OR PLACE OF TRANSFER/
DISPOSAL PLANT MOTOR VEHICLE PERMIT**

Officers of corporation: _____

President	SS #
Vice President	SS #
Secretary	SS #

Substation or Place of Transfer:

1. _____

Location	Type of Building
Plant Manager	Phone

2. _____

Location	Type of Building
Plant Manager	Phone

3. _____

Location	Type of Building
Plant Manager	Phone

Vehicles Owned by Plant Operator:

1. _____

Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No.	Motor No.
-------------------	----------	---------	-----------

2. _____

Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No.	Motor No.
-------------------	----------	---------	-----------

3. _____

Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No.	Motor No.
-------------------	----------	---------	-----------

**APPLICATION FOR KANSAS DISPOSAL PLANT OPERATOR
SUBSTATION OR PLACE OF TRANSFER/
DISPOSAL PLANT MOTOR VEHICLE PERMIT**

Vehicles Owned by Contract Operator:

1. _____
Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No.	Motor No.
-------------------	----------	---------	-----------

2. _____
Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No.	Motor No.
-------------------	----------	---------	-----------

3. _____
Name and address of driver if vehicle is not stationed at Disposal Plant

Make, Year, Model	Capacity	Tag No.	Motor No.
-------------------	----------	---------	-----------

Total Amount of Fees Included: _____

Signature of Applicant	Date
------------------------	------